

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: January 1, 2020
	Section 7: Child and Family Team Meetings	Version: 7

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will facilitate a Child and Family Team (CFT) Meeting with every family and child at [case junctures](#) beginning in the assessment phase and continuing throughout the life of the case.

DCS will utilize the CFT Meeting to engage with each family and child to create plans for assessment, safety, service delivery, and permanency. DCS will work with the family and/or child and placement (if applicable) to form the most effective team to assist with achieving goals. Teams should always consist of at least one (1) or more formal or informal supports identified by the family. DCS will strive to meet the logistical needs of the family and child, including the time and location of the CFT Meeting. DCS will continue efforts to engage the family and child in the CFT process throughout the life of the case.

Note: Children, age 14 and older, may select up to two (2) child representatives. The child representatives must be at least 18 years of age and members of the CFT. See [Practice Guidance](#) for more information.

Code References

1. [IC 31-34-15-5: Cooperation in Development of Case Plan](#)
2. [IC 31-34-15-7 Consult with child; selection of child representatives; adviser](#)
3. [IC 31-28-5.8-6 Updating Case Plan; Transitional Services Plan, Visitation with FCM](#)
4. [Preventing Sex Trafficking and Strengthening Families Act](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Utilize the initial preparation meetings to explain the CFT process to the parent, guardian, or custodian, child (when appropriate), and other team members. Subsequent meetings in preparation for the CFT Meeting are utilized to gather information relative to the team members' observations of the family and/or child's progress and to discuss any questions or concerns;

Note: Preparation with the parent and child should be completed in person prior to and separate from the CFT Meeting. Face-to-face contact is generally the best communication method for gathering and evaluating information. Consequently, it is beneficial to meet team members in person whenever possible.

2. Utilize the [Authorization to Contact Child and Family Team Meeting \(CFTM\) Members \(SF 54341\)](#) form to determine the list of members to be included in the CFT;

Note: The family and/or child should select all CFT members, with the exception of DCS staff.

3. Encourage the parent, guardian, or custodian to include any residential placement staff, resource parents, formal and informal supports, and Court Appointed Special Advocate (CASA) and/or Guardian Ad Litem (GAL) as members of the CFT by explaining the benefits to case planning;
4. Contact an FCM Supervisor, Peer Coach, or Peer Coach Consultant for assistance with all families who agree to have a CFT Meeting but cannot identify informal or formal supports to form a team. If the family is unable to identify formal or informal supports, the reason for this lack of team formation must be staffed with the FCM's supervisor;

Note: In order to be considered a CFT there should be at least one (1) formal or informal support identified by the family to participate in the CFT Meeting.

5. Ensure that youth age 14 and older have the opportunity or are encouraged to select up to two (2) child representatives. See [Practice Guidance](#) for more information;

Note: Child representatives are subject to the approval of DCS. Approval may not be granted when there is cause to believe the representative may not act in the best interest of the child.

6. Send a [Confirmation Notice of a Child and Family Team Meeting \(SF 54338\)](#) to all team members to notify them of any upcoming meeting;
7. Coordinate and implement the CFT Meetings following the [Child and Family Team Meeting Agenda](#) (available in the case management system);
8. Ensure all CFT members sign a [Child and Family Team Meeting \(CFTM\) Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information \(SF 54339\)](#) and that the family and child understand the limits of the confidentiality of team members;
9. Gather essential family and community connections and contact information to document in the Family Network Diagram. See [5.B Tool Family Network Diagram Instructions](#) for additional guidance;
10. Ensure that individualized plans based on the family's and/or child's personal goals are developed during the CFT Meeting to connect the family and/or child with the appropriate services and resources;

Note: Ensure available community services (including those available to incarcerated parents) are considered. Visitation should also be discussed and included in the plan.

11. Review and update the [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#) as needed. See policies [4.19 Safety Planning](#), [4.42 Plan of Safe Care](#), and [5.21 Safety Planning](#) for further guidance;
12. Complete the [Child and Family Team Meeting Notes \(SF 54601\)](#).

Note: All CFT Meeting notes must include a current plan for safety, which includes the child's current level of safety in placement, visitation, school, age appropriate programs and/or extracurricular activities. If a safety concern arises during the Family Story regarding allegations of abuse and neglect, a 'Contact' titled "Family Story" must be

entered in the case management system. The information about the safety concern must be entered, and the safety response should be documented (e.g., a report was made to the Hotline regarding new allegations).

13. Ensure the CFT Meeting notes are distributed to all appropriate parties and entered in case management system within seven (7) calendar days of the CFT Meeting;

Note: Distribute CFT Meeting notes to the CASA/GAL if they were not included as part of the CFT. They do not need to request the notes, the notes must be sent automatically as they are a party to the case.

14. Complete a summary of all CFT Meeting notes including significant changes that occurred in the [Progress Report](#) to the court.

The FCM Supervisor will:

1. Complete all responsibilities outlined in the [Practice Model Expectations for Supervisors](#) on the [Indiana Practice Model SharePoint](#);
2. Discuss the CFT Meetings and progress during [clinical supervision](#) with the FCM; and
3. Ensure best practice for all actions related to CFT Meetings and that any deviation from best practice is documented in the case management system.

For cases where domestic violence has been identified, the FCM will:

1. Seek input from the FCM Supervisor to assess whether to involve the alleged domestic violence offender in the teaming process;
2. Assess whether holding a CFT Meeting with both parents present may be accomplished safely. See Practice Guidance for additional information regarding [domestic violence and the CFT Meeting](#);

Note: If a CFT Meeting is held with both the non-offending parent and the alleged domestic violence offender present, a plan should be created during CFT preparation meetings to address safety before, during, and after the meeting. This may include, but is not limited to:

- a. Having the non-offending parent and alleged domestic violence offender arrive and leave the meeting at different times,
 - b. Having scheduled breaks throughout the meeting to evaluate the safety of all team members. See [5.A Tool: Domestic Violence and Child and Family Team \(CFT\) Meeting Considerations](#) for additional information, and/or
 - c. Contacting the non-offending parent within 24 hours after the CFT Meeting, when both parents were present at the CFT Meeting to assess any impact the CFT Meeting may have had on the child's and non-offending parent's safety. See [5.A Tool: Domestic Violence and Child and Family Team \(CFT\) Meeting Considerations](#) for more information.
3. Consider other options for having the alleged domestic violence offender involved in the meeting without being physically present if there are safety concerns; and
 4. Include a domestic violence advocate or another domestic violence service provider in meetings, whenever possible.

The FCM Supervisor will assist the FCM in creating a plan that addresses safety before, during, and after the CFT Meeting when a CFT Meeting is held with both the non-offending parent and alleged domestic violence offender present.

PRACTICE GUIDANCE

Guide for Preparation of CFT Meetings

The preparation meeting is the essential first step in the CFT Meeting process to engage the family and/or child and other team members by providing them with details about the CFT Meeting process. See the [Guide for Preparation of Initial CFT Meeting](#) tool on the [Indiana Practice Model SharePoint](#).

CFT Meeting and/or Case Plan Conference

A CFT Meeting may fulfill the requirement to hold a Case Plan Conference if all required parties are present. However, a separate Case Plan Conference must be held to develop, update, or revise the [Case Plan](#) if:

1. A family and/or child chooses not to participate in the CFT process; or
2. Membership of the CFT does not include the resource parent or the Court Appointed Special Advocate (CASA) and/or Guardian ad Litem (GAL), who are mandatory parties for the development of the [Case Plan](#).

CFT Meeting Process

The CFT Meeting is a process and should be based on the needs of the family and/or child. The CFT Meeting is a shared decision-making and strength-based approach that assists with the initial and ongoing assessments of children and their families. The CFT Meeting process includes gathering formal and informal supports to assist the family in achieving goals identified by the family. This process allows DCS to hear and understand the family's voice and to assist the family with building a support system that will remain in place after the DCS assessment or case has closed.

Teaming with the Child and/or Placement

It is important to remember that the composition of CFTs will vary depending on each case. FCMs may facilitate CFT Meetings with the child and/or their caregiver or placement provider. Prior to teaming with the child only, efforts should be made to team with the child's parent, guardian, or custodian. However, there may be reasons that support child only CFT Meetings. For example, termination of parental rights (TPR) has occurred for a parent of the child or the discussion at a CFT Meeting may be detrimental to the child. FCMs should seek supervisory input prior to proceeding with teaming with the child only. See [Teaming with Child/Youth and/or Placement](#) tool on the [Indiana Practice Model SharePoint](#) for additional information.

DCS will make concerted efforts to actively involve the child (as developmentally appropriate) in the CFT and case planning process and meetings. DCS will engage and consult with the child regarding the child's goals and services in language that the child will understand. See separate policy, [5.8 Developing the Case Plan](#) for additional information.

Teaming with Children age 14 and older

All children age 14 and older must have the opportunity to attend and participate in a CFT Meeting or Case Plan Conference to address or create the [Case Plan](#) for the child. The child should also have the opportunity to have two (2) child representatives added to the team with one (1) being the youth's advisor. The child representatives must be at least 18 years of age and members of the CFT. A child representative may not be the foster parent or FCM. The child may select one (1) of the child representatives to also be his or her adviser and advocate. The child representatives and advisor are subject to the approval of DCS. Approval may not be

granted when there is cause to believe the representative may not act in the best interest of the child.

Teaming with Older Youth (17.5 and Older)

Older Youth CFTs may be composed of the youth, his or her service providers, DCS staff and informal supports, depending on the housing or placement status. These CFT Meetings are youth driven and youth focused in order to develop and adapt the [Case Plan](#), address any issues that may arise in the life of the case, and discuss issues at [case junctures](#). See policy [11.6 Transition Plan for Successful Adulthood](#) for additional information.

Domestic Violence and the CFT Meeting

Due to the extreme power and control, that one (1) partner typically exhibits in a relationship where domestic violence is present; it may be unsafe and/or unproductive to have both the non-offending parent and alleged domestic violence offender present at the same CFT Meeting.

Reasons why a joint meeting would be inappropriate include, but are not limited to:

1. The non-offending parent does not want a meeting because the parent feels that he or she and/or the child would be in danger;
2. The non-offending parent does not want a meeting because he or she feels intimidated and is therefore unable to represent what he or she feels is in the child's best interest;
3. The non-offending parent has secured a "no contact order" and the CFT Meeting would be a violation of the order;

Note: If it has been determined that is in the best interest of the family to convene a CFT Meeting, DCS may request the court to lift the "no contact order" during the time of the meeting.

4. The offending parent denies that DV is an issue or that DV has not occurred when evidence states otherwise (e.g., police reports and visible bruises);
5. The FCM believes the non-offending parent or the child could be placed in danger if the meeting took place; or
6. The family of the non-offending parent or the alleged domestic violence offender either denies or enables the abuse.

Note: It may initially be inappropriate to have the non-offending parent and alleged domestic violence offender attend the same CFT Meeting. Prior to each meeting, DCS should evaluate the option of having the non-offending parent and alleged domestic violence offender attend the same CFT Meeting. Other options may be considered, such as a conference call with the offending parent. If there is a court order in place, permission may be sought from the court for the offending parent to be on the phone for a CFT Meeting. See [5.A Tool: Domestic Violence and Child and Family \(CFT\) Team Meeting Considerations](#) and [Domestic Violence Prep Tool](#) for more information.

Informal Supports

Informal supports refer to connections, such as family members, friends, or neighbors, in the home or in the community that may provide support, assistance, or care to the family and/or child and could serve in this capacity in a sustainable way once the DCS case is closed. Informal supports are generally unpaid supports, however if a situation arises regarding determining if a support is informal or formal it should be staffed with the FCM Supervisor. For additional guidance, see the [Building Supports](#) tool available on the [Indiana Practice Model SharePoint](#).

Resolving Potential Differences (Addressing Potential Conflicts)¹

When potential differences arise while facilitating a CFT Meeting, the facilitator should assess and decide if all family and team members should discuss the issue or differences. To make this decision some questions to consider are:

1. Does the issue or difference involve the whole team?
2. How might this issue or difference influence the development and implementation of the family's plan?
3. Does this issue or difference affect the ability of the team or family to ensure safety, well-being, stability, and permanency for the child?

The goals and requests of the parent must never come before ensuring the safety of the child.

For additional practice support, see [Indiana Practice Model SharePoint](#).

FORMS AND TOOLS

1. [Confirmation Notice of a Child and Family Team Meeting \(SF 54338\)](#)
2. [Authorization to Contact Child and Family Team Meeting \(CFTM\) Members \(SF 54341\)](#)
3. [Child and Family Team Meeting \(CFTM\) Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information \(SF 54339\)](#)
4. [Child and Family Team Meeting Agenda](#) -Available in the case management system
5. [CFT meeting Debrief Forms](#) – Available on [Indiana Practice Model SharePoint](#)
6. [Child and Family Team Meeting Notes \(SF 54601\)](#)
7. [5.A Tool: Domestic Violence and Child and Family Team \(CFT\) Meeting Considerations](#)
8. [Domestic Violence Prep Tool](#)
9. [Case Plan](#) –Available in the case management system
10. [Safety Plan \(SF 53243\)](#)
11. [5.B Tool: Family Network Diagram Guide](#)
12. [Progress Report](#)
13. [Incarcerated Parent Letter-Assessment](#)
14. [Incarcerated Parent Letter-Permanency](#)
15. [Incarcerated Parent Demographics \(SF 56538\)](#)
16. [Incarcerated Parent Information \(SF 56539\)](#)

RELATED INFORMATION

Case Juncture

DCS will engage members of the CFT regarding the need for a CFT Meeting upon request of any team member (including noncustodial and incarcerated parents), prior to case closure, and at [case junctures](#) throughout the life of the case. A [case juncture](#) is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the [Case Plan](#) and/or [Safety Plan \(SF 53243\)](#). [Case junctures](#) may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;
2. Safety;

¹ The Child Welfare Policy & Practice Group, *Engagement and Facilitating the Child and Family Team Meetings*

3. New assessment;
4. Formal or informal supports;
5. Family involvement;
6. Visitation;
7. Behavior;
8. Diagnosis (mental or physical);
9. Sobriety;
10. Skills acquisition;
11. Education;
12. Dual Status Identification (Identified, Involved, Adjudicated);
13. Permanency Plan; or
14. Case Closure

Engagement with the Incarcerated Parent

The [Incarcerated Parent Letter – Assessment](#), [Incarcerated Parent Letter – Permanency](#), [Incarcerated Parent Demographics \(SF 56538\)](#), and [Incarcerated Parent Information \(SF 56539\)](#) have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement, regular contact, and teaming with the parents. For additional guidance, see the [Incarcerated Parent CFTM Prep Tip Sheet](#), [Incarcerated Parent Expanded Agenda for Prep](#), [Incarcerated Parent Face to Face Prep Tool and Checklist](#), [Incarcerated Parents Prep Tool \(By mail\)](#). These tools are located on the [Indiana Practice Model SharePoint](#).

Functional Strengths

Functional strengths are ‘the buildable’ strengths of our families; they help us build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer doesn’t provide much to work with; however, identifying that they are able to participate in group activities, follow directions from a leader and the ability to work towards a clear goal.

Underlying Needs

Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts the outcomes for families.